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Bib Data Sheet

CONFIRMATION NO. 3986

<b>SERIAL NUMBER</b> 09/846,091	<b>FILING OR 371(c) DATE</b> 04/30/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> APF 40.01
<b>APPLICANTS</b> Joel R. Haynes, Madison, WI; Michael D. Macklin, Madison, WI; Lendon G. Payne, Madison, WI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/200,968 05/01/2000 and claims benefit of 60/210,580 06/08/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/05/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i>		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 50
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 22428				
<b>TITLE</b> Nucleic acid immunization				
<b>FILING FEE RECEIVED</b> 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	